

the video cassettes can be used to record findings and procedures, introduction of a video printer will additionally produce instant polaroid photographs which are useful both in research and as a permanent record of findings for case notes. These systems are not necessarily expensive and the advantages they provide make them an important, if not essential, addition to basic colposcopy.

Referring to accessory instruments, I find that while the Kogans endocervical speculum is useful in most situations, it is of limited use if the cervical os is small as either it cannot be introduced in to the os or, having been introduced, will cause bleeding when retracted due to tearing of the cervical os and thus obscuring the view. In these situations I find the Curihara endocervical speculum invaluable as an aid to visualising the canal.

I wish to add to his list of learned societies The Northern Genitourinary Physicians Colposcopy Group (NGUPCG) which was inaugurated in 1988 of which I am secretary, and not withstanding its regional reference, now has a wide membership within the UK.

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- 1 Hare MJ. Choosing equipment for colposcopy in genitourinary medicine. *Genitourin Med* 1990;66:297-301.

### Choosing equipment for colposcopy in genitourinary medicine

Mr M J Hare's article on choosing equipment for colposcopy in *Genitourinary Medicine* was an excellent contribution to what will become a valuable series. I should like to add some comments to item 2 in the article regarding "The Colposcope".

A video camera and television monitor are invaluable additions to the basic colposcope. They provide full involvement of the patient in the process of colposcopy, allowing a psychologically invaluable imaging of her disease, or lack thereof. As a teaching aid for other staff they are an excellent investment and cost need not be pro-

hibitive. A good system needs high resolution and this is helped by not having the monitor too large a size. Clarity may be lost and exaggeration of the cervix obtained with any bleeding providing a negative image. (A high resolution 14" screen provides the best picture in my opinion.)

Visualisation allows the patient to "divorce" herself from the process of examination, biopsy and even loop or laser treatment by showing there is no pain. This aids maximal patient compliance. For those patients not wishing to observe procedures, a movable trolley is preferable to the on/off switch. This permits the assisting nurse to continue her anticipation of the operator's requirements, and teaching can still be performed.

The clear advantages accrued when performing loop diathermy or laser treatment, or just colposcopy and biopsy alone, with video facilities, lead to the conclusion that this equipment is a mandatory addition to basic colposcopy.

The article did not mention cervicography. Such cameras are available for less than £1000 and in busy departments minor degrees of cervical abnormality are often photographed using basic colposcopic techniques by nursing staff. This allows later observation of film thus obtained by an experienced colposcopist, who can decide which are worthy of more formal colposcopy, and those which can be returned to repeat cytology.<sup>1</sup>

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- 1 Singer A. New methods in diagnosis: of any value? Modern trends in Aetiology and Management of CIN. Symposium R.C.O.G. 22nd September 1988.

## BOOK REVIEWS

**Aids and the Lung.** Edited by David Mitchel and Ashley Woodcock. London: BMJ 1990 (pp 110, £8.95). ISBN 0-7279-0289-X

This book brings together the contributions on AIDS and the lung previously published as separate papers in *Thorax* and represents a mine of useful information to all concerned with caring for HIV patients. Since respiratory infections are particularly common in this patient group, this book is of value to thoracic, genitourinary and general physicians alike.

The book is logically organised and the first chapter is concerned with infection control which is clearly of paramount importance. I am sure that the comprehensive infection control procedures that are outlined are sensible, although I have doubts that the average bronchoscopist will be easily persuaded to use a visor and face mask when bronchoscoping elderly ladies in Scunthorpe. A particularly important point that is stressed in this opening chapter is the great effectiveness of careful cleaning of bronchoscopes in reducing the HIV contamination. This is a simple and very important message, as are the data on the remarkable effectiveness of glutaraldehyde. The chapter on non-invasive investigation is particularly well written. Perhaps the most useful message of the chapter is that the chest radiograph in pneumocystis pneumonia is often typical as are the clinical findings and that when this is the case the sensitivity of these clinical data approaches 87%, with a specificity of 90%. The third chapter deals with making a definite diagnosis of pulmonary problems and centres around induced sputum and bronchoalveolar lavage. Lavage is clearly an excellent technique, whereas many centres continue to have problems with induced sputum. It is likely that except in centres with a very large work load, lavage will be preferred to induced sputum, which requires such obsessional attention to detail to yield good results.

The chapter on treatment is full of fascinating data, although occasionally there are inconsistencies. In this chapter the mortality from pneumocystis